

MARINE MAMMAL REHABILITATION DISPOSITION REPORT

FIELD #: _____ NMFS REGIONAL #: _____ NATIONAL DATABASE#: _____
(NMFS USE) (NMFS USE)

COMMON NAME: _____ GENUS: _____ SPECIES: _____

REHABILITATION FACILITY: _____

Address: _____ Phone: _____

STRANDING/BIRTH HISTORY ☐ Restrand

Date: Year: _____ Month: _____ Day: _____
 Location: State: _____ County: _____ City: _____
 Sex: ☐ 1. Male ☐ 2. Female
 Was this animal born to a female in rehab?
☐ 1. NO ☐ 2. YES; Female's ID #: _____

ADMISSION INTO REHABILITATION

Date: Year: _____ Month: _____ Day: _____
 Received From: _____
 Straight Length: _____ ☐ cm ☐ in ☐ actual ☐ estimate
 Weight: _____ ☐ kg ☐ lb ☐ actual ☐ estimate

MEDICAL RECORD AND SPECIMEN TRACKING

Samples Collected: ☐ 1. YES ☐ 2. NO

Pre-Release Health Screen Date:
 Year: _____ Month: _____ Day: _____

Specimen Tracking: ☐ 1. Scientific collection
☐ 2. Education collection
☐ 3. Other: _____

Sample or Specimen Type/Diagnostic Test/Disposition:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

DISPOSITION

Animal Morphological Data at Time of Disposition:

Straight Length: _____ ☐ cm ☐ in ☐ actual ☐ estimate
 Weight: _____ ☐ kg ☐ lb ☐ actual ☐ estimate

Age Class at Time of Disposition:

☐ 1. Adult ☐ 3. Yearling ☐ 5. Unknown
☐ 2. Subadult ☐ 4. Pup/Calf

Animal Disposition (Check one or more)

☐ 1. Transferred to Another Rehabilitation Facility

Year: _____ Month: _____ Day: _____
 Facility: _____
 Address: _____
 Comments: _____

☐ 4. Released

Year: _____ Month: _____ Day: _____
 Last Day of Antibiotics: Year: _____ Month: _____ Day: _____
 State: _____ County: _____ City: _____
 Locality Details: _____

☐ 2. Deemed Nonreleaseable/

Transferred to Permanent Captivity

Year: _____ Month: _____ Day: _____
 Facility: _____
 Comments: _____
 I.D.#: _____
(NMFS USE)

Latitude: _____ N
 Longitude: _____ W

Released: ☐ Singly ☐ With Other Rehabilitated Animals

TAG DATA (*D=Dorsal; LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear)

Tags were:

Pre-existing (Present at Time of Stranding): ☐ YES ☐ NO
 Applied During Stranding Response: ☐ YES ☐ NO

☐ 3. Died ☐ Euthanized

Year: _____ Month: _____ Day: _____
 Location: _____
 Cause of Death: _____
 Comments: _____
 Necropsied: ☐ 1. YES ☐ 2. NO Date: _____
 Necropsied by: _____

I.D.#	Color	Type	Placement (Circle ONE)	Applied	Present
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines or other markings present. The paper appears to be a standard notebook page.

DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

DATA ACCESS

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE MARINE MAMMAL REHABILITATION DISPOSITION REPORT WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

PAPERWORK REDUCTION ACT INFORMATION:

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND TO, NOR SHALL ANY PERSON BE SUBJECTED TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

